

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 091679790 FILING DATE 9-27-80
APPLICANT(S)

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
1				
2				
3				
4				
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49				
50				
TOTAL IND.	1			
TOTAL DEP.	4	↔	↔	↔
TOTAL CLAIMS	5	↔	↔	↔

IND.	DEP.	IND.	DEP.	IND.	DEP.
51					
52					
53					
54					
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99					
100					
TOTAL IND.		↔	↔	↔	↔
TOTAL DEP.		↔	↔	↔	↔
TOTAL CLAIMS	5	↔	↔	↔	↔